

JOHNS HOPKINS NURSING

Steering the Ship

Hopkins Hospital's Paula Neira fights for gender freedom in the name of patriotism

Nurses on Front Lines

Unflinching accounts from the casualty tents of World War I Europe

Alumni Weekend

Tours, tears, memories, and An Evening With the Stars

The NEW SCRIPT OF Nursing

The Johns Hopkins School of Nursing launches a worldwide video campaign to present a more contemporary and realistic view of today's nursing

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Featured



14 'NEW SCRIPT'

Nursing is undergoing an extraordinary transformation, and the profession will never look the same. While nurses see this in the work they do every day as researchers, change agents, policy makers, innovators, and more, there is a profound need to educate others about the changing landscape and expanding roles and opportunities for nurses. To help spread the word, the School of Nursing and the Hack/Stone Film Group created a video that reveals the intensity and magnitude of a profession on the move.



DNP TRUSTS HER GUT

At home and abroad, Kerri Miller pours everything into battling dehydration



ABOVE & BEYOND

The best and brightest in Hopkins Nursing sparkle at An Evening With the Stars

Departments

04 ON THE ISSUE

Pass It on: *The New Script of Nursing* campaign captures the power, passion, and progress of the nursing field in one hashtag, #WeGotThis

05 ON THE PULSE

Hill, Silbert-Flagg saluted, blog migration, deans' Eureka moment, news and notes

12 CELLS TO SOCIETY

DOVE earns its wings, living with LVAD, hypertension's home address

21 WHAT NURSES NEED TO KNOW

Cynda Rushton, an expert in ethical care, shares nursing's must-haves

24 HOPKINS NURSE

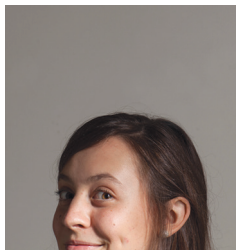
Suburban Hospital president's badge of pride, Jhpiego's triple miracle, Howard County ICU's great moves, cancer care made easier to swallow

34 VIGILANDO

Alumni Update, Class News, Church Notes, Alumni Weekend photo album, and more



It was a big idea that needed just the right teammate to make it happen. For *The New Script of Nursing* (Page 14), the Johns Hopkins School of Nursing turned to the **Hack|Stone Film Group**, an award-winning, Baltimore-based creative and video production shop. Hack|Stone produces commercials, films, and “content that doesn’t feel like ‘content’” for clients ranging from Under Armour, Toyota, and Papa John’s Pizza to nonprofit organizations like Lutheran World Relief and NAMI. Its website is www.hackstone.com.



Putting the poetry and prose of *The New Script of Nursing* on the cover and inside this issue is **Livy Long**, a Kansas City, MO artist whose work “is inspired by a dual appreciation of illustration and graphic design. With a strong analytical side, my artwork is as much about clarity and order as it is about plays on color, movement, and pattern.” Long, originally from Gettysburg, PA, attended Ringling College of Art and Design before accepting a design position with Hallmark Cards. Her website is www.livylong.com.




Stephan Schmitz (“A Fight for Gender Freedom in the Name of Patriotism,” Page 24) is a conceptual award-winning illustrator based in Zurich, Switzerland, who studied at the Lucerne School of Art and Design. Schmitz loves to surprise his audience with smart concepts that capture a whole story in a single image. His work has been recognized by the Society of Illustrators New York, American Illustration, and 3x3 Annual of Contemporary Illustration. Lurzers Archive listed him as one of the 200 Best Illustrators Worldwide 2016/17.


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Johns Hopkins Nursing is a publication of the Johns Hopkins School of Nursing, the Johns Hopkins Nurses’ Alumni Association, and the nursing departments of the Johns Hopkins-affiliated hospitals. The magazine tracks Johns Hopkins nurses and tells the story of their endeavors in the areas of education, practice, scholarship, research, and national leadership.

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LETTER FROM THE EDITOR:

Human Contact

The best part of this job is meeting people. Not to kiss up, but nurses are proving to be fascinating folks to talk to. Still, any reporter will tell you a “phoner” can save time and means you don’t need to wear a clean shirt and nice shoes. Sometimes, deadlines or distance rule out doing an article any other way. For this issue, it was a little of both.

Kerri Miller, DNP grad, was in Missouri and headed to Guadalajara, Mexico, to check on a crop of agave plants, the fiber from which plays a key role in her attempts to save the world through rehydration therapy and a product called re:iimmune (“DNP Trusts Her Gut,” Page 22). Phoner for sure. Too bad. I’d bet Guadalajara is nice this time of year. Still, she offered, “Doing business in Mexico is a little bit different.”

And even though she’s probably told her story to a million interviewers, Paula Neira, a transgender nurse educator and ex-Navy officer at Johns Hopkins Hospital across the

street, preferred to meet in person. (To be honest, I wasn’t 100 percent sure that her request to meet at “1500” meant “3 p.m.” until I saw Paula walking up the hall to meet me.) Forced to leave the military to be true to herself and a pledge she had made, she nonetheless tells a story of faith, pride, determination, and ultimately, peace (“A Fight for Gender Freedom in the Name of Patriotism,” Page 24).

Both interviews went well, so who’s to say which approach is better? I do hope to meet Kerri Miller in person one day. She sounds like a kick, and a heck of an entrepreneur.

Paula Neira? Next time, phoner. “My gosh, that’s a beautiful answer,” I told her at one point. “Now knock it off! You’re making me cry too.” On a crowded patio. Geez.

Steve St. Angelo



LETTERS TO THE EDITOR:

Don't Call It a Training School

In the latest issue of *Johns Hopkins Nursing*, the final picture misidentifies the name of the school. Those pictured attended The Johns Hopkins Hospital School of Nursing. The word training was not included. In fact from the day we arrived we were told that we were there to be educated, not trained.

Another recent inaccuracy was that we were said to have received certificates not diplomas. In fact, it was a diploma school and we received diplomas. The dictionary definition would indicate that either the school or the students were not qualified for the designation diploma.

I would like to see these historical errors addressed.

Marjorie Minnich Lamb, ’56

On page 33 of the recent magazine you referred to the Johns Hopkins Hospital Training School. This never existed; we attended the Johns Hopkins Hospital School of Nursing specifically to be educated not trained. I feel dismissed and insulted and denied what was rightfully earned by me: a diploma from the best diploma nursing school in the region.

Anne Duncan, ’56

Editor’s note: We treasure the school’s alumni and its history, which does date all the way back to the Johns Hopkins Hospital Training School for Nurses of the late 1880s. And yet, as noted above, it was a very different school in the 1950s. *Johns Hopkins Nursing* regrets the error.

NOTES FROM THE DEAN:

#WeGotThis: Pass It on



"No matter where we are in the world, it's our fierce courage and passion to help people in need that bind us together."

The role of a nurse can't be put into a box, defined by a single image, or even boiled down to a day's work.

From the nursing legends who have gone before to those of us today navigating a changing and challenging health system, we are the leaders, path forgers, and patient advocates who defy the stereotypical perception that our profession simply follows the doctor's orders.

As a dean, but first and foremost a nurse, I have witnessed the power of our work at the bedside and in communities around the world, but I've also seen enormous impact when nursing has been fighting for health care policy, developing apps to educate and save populations in need, teaching at the podium to empower future nurses, researching cures that will change the lives of generations to come, or developing best practices for populations to stay healthier and live longer.

But I wanted the world to better know about the breadth of nursing. *The New Script of Nursing* (Page 14) is not my video and it is not a Johns Hopkins video. It is real nurses sharing their passion and their power for all to see.

I hope it inspires you, and I encourage you to use it as your own. Share it on social media (hashtag #WeGotThis, if you like), email it to your colleagues, and join us in saying how "you got this" as a nurse at [Facebook.com/WeGotThisNursing](https://www.facebook.com/WeGotThisNursing) (your story may be featured at WeGotThisNursing.org). And watch for new video vignettes from real nurses like Cynda Rushton, Jason Farley, Kamila Alexander, and more.

No matter where we are in the world, it's our fierce courage and passion to help people in need that bind us together. You got this; we got this; because we are nurses.

Alumni Weekend (Page 36), which ended with our An Evening With the Stars event (Page 06), is one of my favorite times of the year because it's when faculty, students, staff, and alumni have an opportunity to really connect and it reflects our strong tradition of community.

I never tire of seeing our students engrossed in conversation with our alumni, particularly the latest 50th reunion class that each year offers so much wisdom, history, and life experience. But it's the students who truly make this weekend so special because they are the future. Enjoy the images in this magazine, at nursing.jhu.edu/stargallery16, and at nursing.jhu.edu/alumniwknd16. We hope we will see you (and many more of your classmates and friends) next fall.

It takes a village to put on these weekends, so a great thank you to all who helped make 2016's version so grand.

Patricia M. Davidson
PhD, MEd, RN, FAAN
Dean, Johns Hopkins School of Nursing



ON THE PULSE

News from **Around the School**

Inside this section:

P. 11

AAN CELEBRATES NOTABLE CAREERS

American Academy of Nursing Salutes Fellow Silbert-Flagg, Living Legend Hill

P. 06

ABOVE AND BEYOND AT 5TH-ANNUAL AN EVENING WITH THE STARS

P. 09

FACULTY OFFER EXPERTISE ON MEDICARE, MEDICAID INITIATIVE

P. 08

DEAN'S EUREKA MOMENT ON MENTORING

P. 10

FUN START FOR FRESH MASTER'S ENTRY CLASS

School of Nursing Increases Support for AIDS Research

The Johns Hopkins School of Nursing has increased its support for the Johns Hopkins University Center for AIDS Research (JHU-CFAR) to \$100,000 per year in institutional funds. The money will support pilot awards to junior faculty and those new to HIV/AIDS research projects.

JHU-CFAR brings together HIV/AIDS researchers from across the university and uses collaboration and transdisciplinary innovations to address HIV within Baltimore and beyond. The center provides training and financial support and helps investigators strengthen their outreach.



HIV and AIDS still remain an epidemic for our nation and world, and our investment speaks to nursing's indispensable role in prevention and treatment."

— Dean Patricia Davidson, PhD, MEd, RN, FAAN

"The goals of the CFAR and its work in high-risk communities are highly congruent with our school," says Dean Patricia Davidson, PhD, MEd, RN, FAAN. "HIV and AIDS still remain an epidemic for our nation and world, and our investment speaks to nursing's indispensable role in prevention and treatment."

The additional support comes at a time in HIV/AIDS care when health care organizations are being called to increase their investment in nursing's role in achieving the UNAIDS goal of 90 percent of people diagnosed, 90 percent in treatment, and 90 percent maintaining viral suppression by the year 2020. A specific call to action was launched at the 2016 International AIDS Conference and was spearheaded by the Association of Nurses in AIDS Care, of which JHSON's Jason Farley, PhD, MPH, ANP-BC, FAAN, is president. As a global practitioner, Farley's research focuses on prevention and management of HIV, particularly among persons with HIV and drug-resistant tuberculosis co-infection.

Both Farley and faculty member Jacquelyn Campbell, PhD, RN, FAAN, have played significant roles in JHU-CFAR leadership and in creating the organization's Developmental and Clinical Core goals. Other faculty from JHSON including Hae-Ra Han, PhD, RN, FAAN, and Jennifer Stewart, PhD, RN, have received funding from JHU-CFAR to study cervical cancer prevention among women with HIV/AIDS, church-based HIV testing, the link between violence and HIV, and more.

As HIV care has continued to move from specialized clinics to primary care settings, JHSON has offered new curriculum that includes yearlong field placements treating patients with HIV and sensitivity training to help students identify and overcome any preconceptions or biases. ■



Light Years Above & Beyond

An Evening With the Stars again toasts best, brightest

The fifth-annual An Evening With the Stars, on September 24, flipped the script just a little.

The event at the Center Club in Baltimore honored outstanding nurses including preceptors, faculty, and students from across Johns Hopkins and the difference their innovation, knowledge, and excellent care makes on patients, families, and communities. It also included the Johns Hopkins Alumni Association Heritage Award, which honors friends and alumni who have contributed extended outstanding service, and the first-ever Staff Appreciation Award. As a bonus, attendees got a sneak peek at *The New Script of Nursing*, a video to be shared with anyone involved or interested in the profession.

An Evening With the Stars raised \$21,000 to benefit The Mobley Fund, established to support faculty and students conducting research in domestic violence prevention. To show support for Officer Eugene Mobley, School of Nursing students created hundreds of colorful origami cranes that decorated the stage and were shared with guests.

Clockwise from right: Officer Eugene Mobley's warm welcome; Faculty Star Shawna Mudd; Preceptor Star Catherine Miller and sponsor Andy DeLong; Dean Davidson with Student Star Sabianca Delva; MaryLou Zyra and Griely Persia bookend the Rosenwalds; Joe and Kelly Wilson Fowler; Jay Lehnrow, the dean, Wally and Mary Ann Pinkard, and JHU President Ron Daniels



The 2016 Winners:

STUDENT STAR

PhD student Sabianca Delva

FACULTY STAR

Assistant Professor Shawna Mudd

PRECEPTOR STAR

Catherine Miller
Howard County General Hospital

ROSENWALD STAR NURSE

Marylou Zyra
Johns Hopkins Hospital

ROSENWALD STAR NURSE INNOVATOR

Griely Persia
Johns Hopkins Bayview Medical Center

HERITAGE AWARD

Walter D. (Wally) Pinkard, Jr.

STAFF EXCELLENCE AWARD

Kelly Wilson Fowler

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Dean Earns Prestigious Scientific Mentorship Award

Dean Patricia Davidson, PhD, MEd, RN, FAAN, recently received the Australian Museum's 2016 Eureka Prize as Outstanding Mentor of Young Researchers. The award is one of Australia's most prestigious scientific awards, and Davidson is the first nurse to receive this honor.

"I'm absolutely thrilled," says Davidson of the honor. "But the truth is that this award is really about my mentors and their mentors before, who passed down the uncommon wisdom that shaping the next generation is not just a duty but a privilege. For in nurturing these bright people—especially nurses—you are touching, improving, or even saving lives that might not begin until you are dead 100 years."

An expert in cardiac health for women and vulnerable populations, Davidson has mentored more than 35 doctoral and postdoctoral researchers, among others. She is counsel general for the nonprofit International Council on Women's Health Issues, part-time faculty at the University of Technology Sydney, and was ranked nursing's most influential dean in 2015 by Mometrix.

"Mentoring has given me the opportunity to see others grow, and it's a source of immense satisfaction to give back to my profession and help guide the next generation of nurses," Davidson explains. "Creating nurse leaders is a part of my commitment to global equity in health care. In order to change the trajectory of health across all populations, I want to be able to show nurses what it means to be a leader and then help them discover what it will take to get there."

Eureka Awards showcase excellence in research and innovation, leadership, school science, and science communication. With roots in science, technology, engineering, and math (STEM), nursing is gaining traction as a STEM field and was recognized by the museum for its tie to the scientific community.

As dean of the No. 1 accredited graduate nursing school program in rankings by *U.S. News & World Report*, Davidson finds mentorship deeply connected with her leadership and vision for JHSON and the nursing profession as a whole. With emphasis on local to global nursing education, research, and practice, she says nurses have a great privilege and responsibility

to help students discover the tools, resources, and foothold they need to be able to make a difference.

"There's no more rewarding profession on earth than nursing," Davidson says. "But nursing takes a little getting used to. That's why it's so essential to begin the mentoring process on campus. And to start it or increase it right now." ■

““ But the truth is that this award is really about my mentors and their mentors before, who passed down the uncommon wisdom that shaping the next generation is not just a duty but a privilege.”

— Dean Patricia Davidson, PhD, MEd, RN, FAAN



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'Hopkins and the Great War'

In September 2016 began a multi-campus exploration of World War I's effect on the early 20th century Johns Hopkins community: Students, faculty, and graduates enlisted as soldiers, intelligence officers, doctors, and nurses. World War I challenged Hopkins intellectuals' ideas about the international world order and the role of the university and hospital in wartime.

Drawing on the university's rich archives, the "Hopkins and the Great War" exhibits in the Anne M. Pinkard Building at School of Nursing, the Milton S. Eisenhower Library, and the William H. Welch Medical Library explore World War I's impact here in Baltimore.

Later in this issue, Susan Appling shares World War I Hopkins Nurses' alternately moving and harrowing letters from the field (Page 40). ■

© READ EVEN MORE ABOUT THE WAR EFFORT AND VIEW IMAGES FROM THE MASON CHESNEY MEDICAL ARCHIVES AT HOPKINSWWI.LIBRARY.JHU.EDU.

Faculty Offer Expertise in Medicare, Medicaid Initiative



PHOTO BY WILL KIRK

Jacquelyn Campbell, PhD, RN, FAAN, and Sarah Szanton, PhD, ANP, FAAN—experts in the respective specialties of violence and aging—served as national advisers on a Centers for Medicare & Medicaid (CMS) committee examining the gap between clinical care and community services.

The team, which consisted of experts in housing, food security, interpersonal violence, transportation, education, employment, and other health-related social needs, met to provide recommendations on how to best implement a screening tool that can be used to better link CMS beneficiaries with social and community services. Campbell was selected for her expertise in preventing violence, and Szanton for her work in aging, specifically around housing conditions and their impact on health and well-being.

The screening tool is one of the first steps in the new CMS Accountable Health Communities Model that is testing whether increased awareness of and access to health-related social services will decrease health care costs and/or improve quality of health. Over a five-year period, the CMS will

look at outcomes among three groups—those who receive increased awareness of services, those who are offered navigation of services, and those who are actually aligned with services.

"This could lead to a much more inclusive definition of health," says Szanton. "Historically, medical care has been about managing diseases and symptoms, but we also know that factors such as exposure

to violence or having access to fresh foods impact health. If this model is a success, these screening questions could be used in other areas and lead to further interventions that address social determinants of health."

Szanton, whose Community Aging in Place—Advancing Better Living for Elders (CAPABLE) program has focused on housing conditions among older adults, has seen the positive effects of modifying social factors. Preliminary findings of her research show that in addition to visits from a nurse and occupational therapists, minor modifications within the home like adding handrails or lowering cabinets dramatically decrease disability and improve self-care.

Campbell, who has studied intimate partner violence for more than 30 years, has also seen the impact of social factors in terms of exposure to violence. Offering the committee the knowledge and skills she learned by developing the Danger Assessment tool, which helps women determine the likelihood they will be killed by an intimate partner, she says exposure to violence and trauma are predictors of short- and long-term health. ■



The Fall 2016 MSN: Entry into Nursing cohort begins the journey with a fresh white coat, food, and little fun in the courtyard behind the Pinkard Building. ■



PHOTOS BY CRAIG LEE

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Find a Johns Hopkins alum, friend, mentor, or collaborator, or just learn what's going on around campus at GoHopOnline.com.

Silbert-Flagg newest FAAN, Hill Living Legend



JoAnne Silbert-Flagg, DNP, CRNP, IBCLC, and Martha Hill, PhD, RN, FAAN, of the Johns Hopkins School of Nursing (JHSON) were honored at October's American Academy of Nursing policy conference. Silbert-Flagg was inducted as a fellow, earning the credentials FAAN. Hill, a fellow since 1989, was awarded the academy's Living Legend honor.

"My career as a nurse has offered so many opportunities, and being recognized as a fellow is another tremendous opportunity for engagement with my colleagues across the nation," says Silbert-Flagg.

Hill adds, "To be named among such an extraordinary panel of nurses is not just humbling but a pinnacle in my career. I have collaborated with many of these inspiring nurses through the years, and I'm proud to accept this honor beside them."

Silbert-Flagg has been a pediatric nurse practitioner for more than 25 years, with her most recent

scholarship dedicated to breastfeeding promotion and the impact of support groups on breastfeeding success. Silbert-Flagg has served on the board of directors of the Maryland Breastfeeding Coalition, was elected chair of a special interest group on breastfeeding within the national Association of Pediatric Nurse Practitioners, and is currently working with the Maryland Department of Health to administer and evaluate breastfeeding training programs within state hospitals.

Hill, dean of JHSON from 2001-2014, is known across the nation and world for her leadership, particularly in the research of hypertension among African-American men. As a professor of nursing, medicine, and public health, Hill is an advocate for interprofessional health care and was the first of two non-physicians to have served as president of the American Heart Association. She is a member of the Institute of Medicine and an inaugural member of the Sigma Theta Tau International Nurse Researcher Hall of Fame, among a list of other accolades. ■

BLOG

A Season of Migration

By now, you likely have noticed a change to the magazine's website: We have successfully migrated the On the Pulse blog, which combines existing nursing blogs into one that's easier to find and enjoy. If you haven't noticed, perhaps that means the process of bringing the blog to the magazine went more seamlessly

than it felt. What it means to our readers is more articles rotating through and keeping the homepage fresh and always worth another visit.

Check out the new On the Pulse blog—a lively mix of school news and happenings—at magazine.nursing.jhu.edu/blogs. ■

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CELLS TO SOCIETY

The Latest in **Nursing Research**

ONLINE NEWSLETTER: CELLS TO SOCIETY

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Knowledge in the Right Hands Decreases IPV



Results of a Johns Hopkins School of Nursing-led study on intimate partner violence show that pregnant victims saw a significant reduction in exposure to such acts after participating in the **Domestic Violence Enhanced Home Visitation Program (DOVE)**. The brochure-based empowerment intervention was developed by Phyllis Sharps, PhD, RN, FAAN, associate dean for community programs and initiatives, with researchers from the University of Virginia.

The study was conducted among 239 pregnant women 14 or older, at less than 32 weeks gestation, and enrolled in a perinatal home visitation program. During the trial, all received the standard protocol—four to six visits with a nurse or community health worker during pregnancy and six to 12 visits up to two years postpartum—and about half also received the DOVE intervention.

In the U.S., about 4 percent of women experience IPV during pregnancy, but that number significantly increases to nearly 30 percent among low-income, single women.

Through DOVE, women work with a nurse or community health worker to discuss the cycle of violence, take the Danger Assessment, which helps weigh their risk of domestic homicide, and review safety planning information. As a result, women in the DOVE intervention group experienced an

average of 20 to 40 fewer instances of violence compared with non-participants. Some of the women felt empowered to leave their abusers, and those who stayed in their relationships noted experiencing significantly less violence and better ability to cope.

With funding from the National Institutes of Health, the study was first tested in Missouri, Virginia, and Baltimore City, and has already been adopted in various Missouri health departments. The Maryland Domestic Violence Fatality Review Committee is recommending implementation with the Department of Health and Mental Hygiene, and DOVE has been integrated nationally into the Parents As Teachers curriculum.

“Domestic violence screening among pregnant women is not routine, and yet the adverse effects on mother and baby tell us more needs to be done,” insists Sharps. “Babies of mothers who experience violence are more likely to be born premature, small in gestational size, and suffer cognitively and emotionally as they grow. This is not something we can overlook.” ■

Publication: *Journal of Women's Health*



Pumping the Heart and Easing the Mind

Though they may adapt physically to being tethered to a life-saving heart pump, patients with left ventricular assist devices (LVADs) may need additional care in coping emotionally. These challenges must be honestly addressed, according to “Adaptation and Coping in Patients Living with an LVAD: A metasynthesis,” by PhD candidates Martha Abshire, MS, RN, and Mia Cajita, RN, Associate Professor Cheryl Dennison Himmelfarb, PhD, RN, ANP, FAAN, and colleagues. Emotional challenges include fear of dependence or a sudden death and anxiety related to changed social roles.

LVADs are powered through a driveline that attaches externally to batteries or non-portable sources of power. Developed as a “bridge” to heart transplantation, they have increasingly become a “destination therapy,” meaning patients use the device until death. Seventy-eight percent of LVAD recipients live for at least one year and nearly

50 percent survive four or more years. Patients also experience functional and quality of life gains. But more study needs to be done on how to help patients adapt to their new “normal.”

“It is clear that LVAD programs have been successful at helping patients establish routines related to LVAD care, which contributes to independence,” the authors conclude. “However, developing and providing additional materials that explain the recovery and adaptation process may help promote emotional coping and help patients regain a sense of normalcy.” ■

Publication: *Heart & Lung*



Hypertension's Home Address

Neighborhood impacts risk for older whites but not for blacks

Black older adults face higher odds of hypertension than white older adults whether they live in predominantly white, black, or mixed-race neighborhoods, and whether those places are impoverished or better off financially. White older adults' hypertension risks, on the other hand, are far more dependent upon where they live, according to “Residential Segregation and Hypertension Prevalence in Black and White Older Adults,” by Kelly Bower, PhD, MPH, RN, and colleagues from the Bloomberg School of Public Health.

“Partitioning racial status by individual and neighborhood poverty did not fully explain the disparity in hypertension prevalence between black and white older adults,” the authors write of the nationally representative sample of those 50 and older. “It is possible that unmeasured social factors that are associated with neighborhood poverty,

such as lack of access to grocery store and health care facilities, contribute to the unaccounted racial differences in hypertension prevalence.”

Interventions on individual and neighborhood poverty, then, appear to positively impact poor, white older adults more than black older adults, who face significantly higher odds of hypertension regardless of individual and neighborhood poverty. “Nevertheless, such policies may be beneficial for black older adults as well,” the authors write. “Policies that seek to reduce hypertension prevalence in older adults should consider not only individual-level interventions but also neighborhood-level interventions, particularly measures that seek to reduce levels of neighborhood poverty.” ■

Publication: *Journal of Applied Gerontology*



The NEW SCRIPT OF Nursing

LETTERING BY LIVY LONG

Nursing is undergoing an extraordinary transformation, and the profession will never look the same. While nurses know this and see it in the work they do every day, there is a profound need to educate the public about a changing nursing landscape and expanding opportunities. Call it *The New Script of Nursing*. To help spread the word, the Johns Hopkins School of Nursing (JHSON) and the Hack/Stone Film Group created a video by that title revealing the broadening and depth of a profession that counts policy makers, risk takers, researchers, change agents—and doctors—among its numbers.

In *The New Script*, real nurses read a poem by Sandra Beasley (Page 19). A companion video features candid outtakes, and on the next few pages you will meet nurse specialists who tell their stories for separate video vignettes. All can be viewed at WeGotThisNursing.org. In addition, [Facebook.com/WeGotThisNursing](https://www.facebook.com/WeGotThisNursing) offers nurses a place to share experiences that reflect a more contemporary and realistic view of today's nursing, and what makes them say, "We Got This."

The New Script is "brought to you by" JHSON but not branded as such because the message will go farther and have greater impact on advancing the profession if not "owned" but shared freely. It has been sent to nursing schools and associations worldwide and shared thousands of times by these organizations, linked by the hashtag [#WeGotThis](https://twitter.com/WeGotThis). Let the education begin.

“Eighty percent of the health care workforce in this world are nurses. We are making a difference everywhere and in every community. In terms of my research and policy work, I’ve been able to testify before Congress. I’ve been a part of several National Academy of Medicine committees on violence. I’ve been part of many policy endeavors around preventing and reducing violence. I’ve also been a consultant for the Centers for Disease Control, for the National Institute of Health. The best thing about what I do is the fact that I feel like we’ve really made a difference in terms of improving the safety and health of abused women and other victims of violence in this country. When you are in an abusive relationship, there is an incredible stress that affects your mental health and your physical health in many complex ways and this is why health care providers need to do a better job of responding to domestic violence both in terms of women’s safety and also in terms of their health.”



DOMESTIC VIOLENCE

Professor Jacquelyn Campbell, PhD, RN, FAAN, is Anna D. Wolf chair and national program director of the Robert Wood Johnson Foundation Nurse Faculty Scholars Program.



WOMEN'S HEALTH

Kamila Alexander, PhD, MPH, RN, is an assistant professor focused on sexual health and intimate partner violence.

“I had not thought about nursing at all before I went to the Peace Corps. I knew I wanted to do something in health care, but nursing called my name because I was placed in this wonderful village [in Ecuador] and worked with this wonderful woman named Doris and decided that I wanted to make that my passion and my life. ... I know that my research is important and has huge implications for the health of women and their families. What I’ve found is the majority of the people that I work with really, really want to be healthy. And once we just adopt an approach that allows people to live the way that they want, but also provides opportunities and strategies for health, then we’ll just be better off as a society as a whole.”



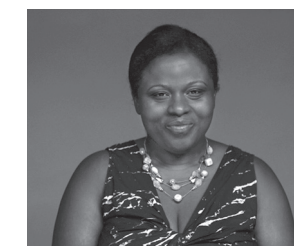
INFECTIOUS DISEASE

Associate Professor Jason E. Farley, PhD, MPH, ANP-BC, AACRN, FAAN, is director of the REACH Initiative, co-director clinical core of the Hopkins Center for AIDS Research, and president of the Association of Nurses in AIDS Care.

“Everyone deserves care grounded in current evidence. For diseases like HIV and tuberculosis, and sexually transmitted infections, clinical acumen and translatable evidence isn’t enough. Clinicians must also understand the confluence of social determinants of health, stigma, discrimination, along with financial barriers to access and retention to fully engage with the community and achieve measurable success. MiLinc is a linkage care application that I invented with emocha Mobile Health, Inc. We developed this application in South Africa to link patients with drug-resistant forms of tuberculosis into care. We’ve been able to be successful in implementing that across South Africa.”

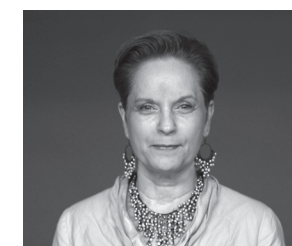


“Typically when you tell someone you’re a nurse, they think, ‘Well what floor do you work on?’ And I tell them, ‘Well, I work on the floors of Baltimore City streets.’ So nurses, we’re found everywhere. We’re found in the hospital, in community health clinics, we’re found knocking on people’s doors, educating them about health. Young children who are obese are more likely to be obese in their adulthood. They’re more likely to have chronic health issues and also psychosocial issues like depression. Dealing with these chronic health issues takes a tremendous economic toll on our health care system and so it’s important for us to address this early on. So for me, success is being able to do work that’s meaningful and can actually translate to changes in our community.”



PEDIATRICS

Lucine Francis, RN, is a PhD candidate researching childhood obesity and its effects later in life.



ETHICS

Professor Cynda H. Rushton, PhD, RN, FAAN, is Anne and George L. Bunting Professor of Clinical Ethics.

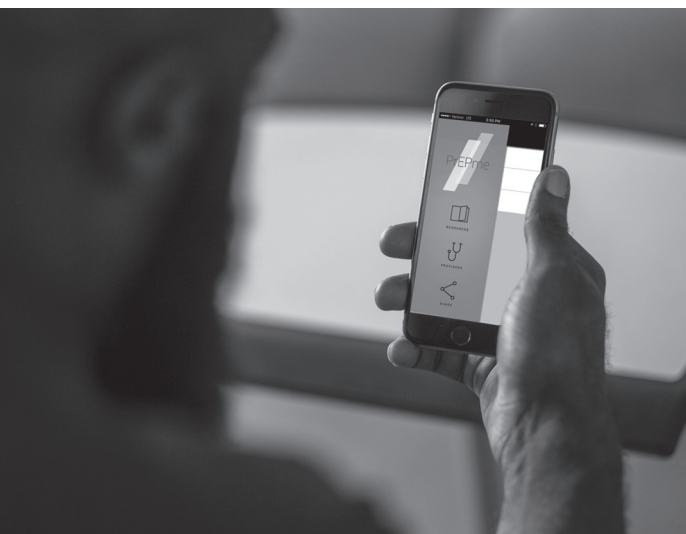
“We lose some of our best nurses to moral distress. ... In my day-to-day life, I teach nurses about ethical issues in nursing practice, and I work with them to see how important ethics is as a foundation for our profession. I’m an edge runner—pushing the envelope in education, practice, and policy to make ethics part of everything nurses do. It’s not an afterthought but the fundamental grounding of our discernment, action and advocacy. ... Nursing is a career that rewards you over and over again. I didn’t make a lot of plans. I just said ‘yes’ a lot. My advice to nursing students is be who you really are and go for it. We are with you.”

SO STEP UP

“EIGHTY PERCENT OF THE HEALTH CARE WORKFORCE IN THIS WORLD ARE NURSES. **WE ARE MAKING A DIFFERENCE EVERYWHERE AND IN EVERY COMMUNITY.**”

WE GOT THIS

“WE NEED TO INVEST IN THE **WELL-BEING OF NURSES**. ...
NURSING IS A CAREER THAT REWARDS YOU OVER AND OVER AGAIN.”



ADMINISTRATION

Deborah Baker, DNP, CRNP, is senior vice president for nursing for the Johns Hopkins Health System and vice president of nursing and patient care services for the Johns Hopkins Hospital.

“I am in charge of nursing and nursing practice. It’s an incredibly meaningful position. People don’t realize how many nurses are involved in the decision making in large hospitals and clinics and are really critical to how those businesses succeed. My role as a leader is to help other nursing leaders and nurses and nursing staff, physicians, administrators, everyone who touches patients to do the best job they can do every day to make that patient experience as smooth as possible.”

“I fell in love with nursing and that therapeutic exchange of being with another person who is in some sort of situation where they need help. ... [CAPABLE is] a nurse, an occupational therapist, and a handyman for a time-limited period, four months. We have so many older adults and we’re getting more and more as the demographic shift happens. In addition to supporting self-management of chronic diseases, caring for older adults means addressing their home environment and physical function. Through the CAPABLE program, I help older adults set and meet the goals they want for their life and health.”



AGING

Associate Professor Sarah L. Szanton, PhD, ANP, FAAN, is director of the PhD Program and the force behind CAPABLE, which helps older adults age independently at home.

TELL US HOW ‘YOU GOT THIS’

You’ve just read a selection of stories from Hopkins Nurses. Please take a few moments to share your own story at [Facebook.com/WeGotThisNursing](https://www.facebook.com/WeGotThisNursing). (It might wind up being featured at [WeGotThisNursing.org](https://www.wegotthisnursing.org).) Or spread the word on other social media using the hashtag [#WeGotThis](https://twitter.com/WeGotThis).

MY skills, My HEART, MY voice, My BRAIN:

I'M ALL IN.

TELL ME WHAT SCARES YOU, Tell me your name.
BECAUSE if scrimmage brings him here, I'M NOT PLAYING games.

BECAUSE EACH TEST TELLS a tale,
AND BLOOD'S AN OPEN BOOK -
WE CAN CHANGE the story,
IF WE TAKE A closer LOOK.

BECAUSE SHE escapes FRACTURE,
AND A BLACK EYE WILL HEAL -
THAT'S NOT A cure FOR HOW
FRIGHTENED she feels.

— Because you can't change the rules by sitting on your hands. —
SIDELINES HAVE never BEEN WHERE I STAND.

I TURN DATA
TO breakthroughs.

I CHART A
NEW
COURSE.

WHEN THERE'S
EARTHQUAKE
OR OUTBREAK,
I fly to the source.

Aid giver; APP MAKER; risk taker;
— CROSSING BORDERS; VOICE of comfort; VOICE OF ORDER. —

This is THE NEW SCRIPT. No time to rehearse.
SO STEP UP

We GOT This = A NURSE.
BECAUSE I AM — [weGotThisNursing.org](https://www.wegotthisnursing.org)

THINGS NURSES NEED TO KNOW

10 STEPS NURSES TAKE TO ADDRESS ETHICAL CONCERNS

By Cynda Hylton Rushton

Each issue, a member of the Johns Hopkins Nursing community will address a workplace or classroom concern in straightforward terms. Here, ethics expert Cynda Rushton, PhD, RN, FAAN, discusses the importance of establishing an ethical workplace and steps nurses can take to foster moral resilience.



weGotThisNursing.org



Cynda Rushton's book *Moral Resilience: An Antidote to Moral Distress*, to be published by Oxford University Press, aims to transform current approaches by focusing on innovative methods to cultivate moral resilience and designing a culture in health care that supports ethical practice.

DNP TRUSTS HER GUT



STORY BY STEVE ST. ANGELO

AT HOME AND ABROAD, KERRI MILLER POURS EVERYTHING INTO BATTLING DEHYDRATION

Kerri Miller, DNP '11, ANP, was—for the moment—headed off to crunch agave instead of data.

She was on one of her “every five months or so” trips to Guadalajara, Mexico, to visit the farms that provide agave plants that in turn provide a prebiotic fiber for re:immune, a product she developed to not only rehydrate sick patients but heal their intestines enough to absorb nutrition and restorative probiotics. Her Missouri-based company, Make People Better, currently has its product in Walmart stores, Target, and “a ton of independent pharmacies.” And Miller isn’t only doing well, she says, but gladly doing good: For every box of re:immune sold, she donates a dose through the company’s GetWell MakeWell program.

Over 15 years, Miller had taken many trips to Nicaragua to train local women to be community health workers, sharing information on care

of children that was previously unavailable to impoverished residents or even frowned upon by their government. There she witnessed the ravages of diarrhoeal diseases that drain the body of water and nutrients and injure the intestines, leaving the body unable to absorb properties that could promote healing and prevent further infection.

“A million people die of dehydration every year,” Miller says. And the problem isn’t confined to impoverished countries. The inspiration for re:immune also can be traced to diabetic and

“Every cell in the human body requires water. They weren’t getting enough liquids to get better and stay better.”

pre-diabetic patients Miller treated in at a Missouri hospital.

“They should have been getting better more quickly. Or if they were sent home, they would end up being readmitted. It didn’t make sense,” explains Miller, who eventually pinpointed dehydration as the likely culprit. “Every cell in the human body requires water. They weren’t getting enough liquids to get better and stay better.”

She needed a super-hydrator that patients could take orally. “We can’t be giving IVs to all these people.” Anything sugar-based was out. And, since the original idea was to help save the world, Miller had to make it easily accessible so it could work for low-income countries. “I went, ‘OK, what are my options?’ ”

Step 1, rely on her DNP education. It was why she had come to the Johns Hopkins School of Nursing in the first place—“I didn’t apply anywhere else”—specifically looking for the opportunity to make a difference globally. “The level expected at Johns Hopkins is so awesome,” Miller raves. “They forced me to become an expert at global health.”

Next, gather the knowledge that was already out there. “There was so much information on probiotics that had clinical validity.”

By 2013, Miller had her formula, a powder that mixes with water and delivers the amino acid L-glutamine to help repair tissue, a prebiotic to feed the body’s “good” bacteria, zinc and a blend of 14 probiotics to help boost immunity, plus ginger root to ease nausea. In March 2013, she gave up her nursing job. By 2014, the blend

was ready for international testing in a “human gut simulator,” a machine that replicates the digestive process. “I wanted to solidify the product met my goals with scientific studies.” The product is not FDA approved, though each of its ingredients is generally recognized as safe (GRAS) for human consumption. “I didn’t want to do [FDA approval],” Miller says. “It’s too limiting, really. It’s a dietary supplement.”

Finally, don’t look back. “It works,” Miller says. “I didn’t really doubt that. We’ve proven it in the market, scientifically, and clinically—that people will get better. But I left a really good job, a job that I loved.” She figures she can always go back, but for now, she’ll ride the good fortune born of great education, good DNP work, and plenty of help. “The right people have shown up at the right time, every time.” ■

SWEET SCIENCE

“Even the sodium is balanced. It was important to be an isotonic hydration formula,” Kerri Miller says of re:immune, offering candidly that those who’ve used the rehydration product might wonder about that. The taste has been described as “raspberry lemonade saltwater,” not a popular flavor profile.

“We’ve had to work really hard on the flavor, making it palatable for all,” Miller says of an all-natural “citrus punch” version that should be available in a few months. “But no one is going to complain.”

For now, Miller says, even those who do not care for the original flavor tell her, “I’ll drink it because the benefits far outweigh the taste.”



HOPKINS NURSE

News from **The Johns Hopkins Hospital & Affiliates**

Inside this section:

P. 26 SUBURBAN HOSPITAL

HOSPITAL PRESIDENT'S BADGE OF PRIDE

For executive Jacky Schultz, MSN, RN, being a nurse is “the underpinning of everything I am”

P. 28 JHPIEGO

RIGHT TOOLS AND TRAINING SAVE
THREE LITTLE LIVES IN UGANDA

P. 29 JOHNS HOPKINS DEPARTMENT OF NURSING

APP PROVIDES CANCER CARE
THAT'S EASIER TO SWALLOW

P. 31 JOHNS HOPKINS ALL CHILDREN'S HOSPITAL

“ON A TUESDAY MORNING IN APRIL,
I WOKE UP A JOHNS HOPKINS NURSE”

A Fight for Gender Freedom in the Name of Patriotism

By Steve St. Angelo



As summer ends, Paula M. Neira, RN, a U.S. Naval Academy grad, Desert Storm veteran, nurse, attorney, and civil rights activist, is ready to reflect on a season that brought a measure of peace and great pride to her life and to talk about her “faith in our country and our Navy being vindicated.”

“Twenty-five years from now, some kid will be able to do what I couldn't do,” Neira explains on a patio outside the Johns Hopkins Hospital on September 20, coincidentally the fifth anniversary of the repeal of the military's “Don't Ask, Don't Tell” policy that excluded those who identify as lesbian, gay, or bisexual from serving their country. The military's policies that precluded gender and sexual minorities from serving cost Neira—who is transgender—her naval career but not her patriotism. Her heart remains broken, but she is buoyed by successes in the battle against such discrimination. She considers her activism a continuing service to the military, and the Navy has finally recognized it as such.

Neira, who worked as an attorney with the Service Members Legal Defense Network to bury “Don't Ask,

Don't Tell,” was recently honored as a sponsor of the USNS Harvey Milk, a Navy oiler to be built as part of the John Lewis Class of service vessels. Sen. Diane Feinstein of California is co-sponsor. Neira says she feels blessed, even after such a torturous journey.

“It was never a choice to leave the Navy,” she explains, eyes welling with tears 25 years onward. “It was never that I wasn't good enough to do the job. ... I made an oath.” Navy and country first, no matter what. No lies. According to policy, “out” meant out. So, in September 1991, after Neira reached the decision to transition, she walked away, devastated and unsure of what career could possibly replace her “calling.” Her search led to nursing and to Johns Hopkins in 2007. She is now a nurse educator in the Department of Emergency Medicine, a “force multiplier,” she says in the military jargon that sprinkles her speech. (Neira asked that the interview occur at “1500,” or 3 p.m.)

“As a nurse, I can care for two to three patients. As a nurse educator, I can work with 15 nurses and maybe impact 45 patients.” And, of course, Neira is part of a team and of something bigger than herself, which is right in her wheelhouse.

“Particularly in emergency nursing, we're dealing with people in crisis, where it's literally life and death,” she explains. “To be able to have that kind



ILLUSTRATION BY STEPHAN SCHMITZ—FOLIO ART

of impact on people, to get them back to where they can get on with their lives, is very profound.”

She also has a spot on Johns Hopkins University's Diversity Leadership Council, where she can impact many others, ensuring that patients' race, creed, LGBTQ status, or fear of discrimination do not deny them the care they deserve.

Neira, who lives in Bowie, MD, is the first transgender Navy veteran to have her name corrected on her discharge paperwork by order of the Navy. “I hope one day, not too soon, to be inurned at the Arlington National Cemetery Columbarium, alongside my parents, with my true name on my tombstone,” she says. Neira, whose father served in World War II, recently returned to Annapolis for a reunion on the 40th anniversary of women's admittance to the U.S. Naval Academy. (Neira admits to having had no clue, as a young male midshipman, of the challenges and discrimination female midshipmen were enduring. Still, “They have accepted me into their sorority.”)

Meanwhile, Neira continues to work on the military's blind spot. “There's still work to do,” she says. “But we're making the Navy better. Diversity makes the Navy stronger. It makes the military stronger. It makes the country stronger.”

And bitterness need not apply. “How can you be angry when you've been given a chance to live up to

your values? I've done nothing heroic or courageous. All I've done is what any other Naval Academy graduate would do: I saw something that was wrong and I acted to fix it. That's what we do.” She adds proudly, “I am the person I professed to be.”

The USNS Harvey Milk (named for a San Francisco politician and former naval officer murdered for being openly gay) might not sail until 2021, Neira explains. She's crossing her fingers that there will be a keel laying ceremony, during which sponsors weld their initials into the ship's spine for all time. She knows she'll be there for the champagne-bottle christening. “There's plenty of time to practice my swing.” After that, she might just hop aboard.

“I feel a little sorry for the ship and the crew,” Neira jokes. She is likely the first sponsor who is also a qualified Surface Warfare Officer. “I've driven a destroyer alongside an oiler before. I don't think any other sponsor can say that. For the crew, it means that I know firsthand the challenges of being at sea and that I want to get underway with them. Sponsors are meant to imbue the ship with their spirit, character, and personality. It's like being the godmother for the life of the ship. As a godmother I can take care of my ship and her people — they become part of my family. My co-workers think of that as *fairy* godmother: *bippity-boppity-boo!* No, I'm the Godmother: I'll make them an offer they can't refuse.” ■

Sponsors are meant to imbue a ship with their spirit, character, and personality.

SUBURBAN HOSPITAL

A Badge of Pride

By Stephanie Shapiro

Hospital President Jacky Schultz is, before all else, a nurse



When Jacky Schultz, MSN, RN, became chief operating officer of Suburban Hospital in Bethesda, MD, she continued to wear her nursing badge, prompting a colleague to ask, “Will you be taken seriously if you have that there?”

The question offended Schultz, who later became the hospital’s executive vice president. “I’m proud of being a nurse,” she says. “That’s the underpinning of everything I am.”

For Schultz, promoted to president of Suburban in August, her colleague’s question exemplifies “everything that’s wrong” with the outdated perception of nursing as a calling for nurturers, not leaders. Her expertise makes her and other nurses all the more qualified to lead, Schultz says. “We can be credible clinicians *and* credible business people. We understand how the delivery of care works.”



I’m proud of being a nurse. That’s the underpinning of everything I am.”

— Jacky Schultz, MSN, RN

Nurses have another advantage as leaders, Schultz says. They are natural collaborators accustomed to making decisions in concert with their peers. The benchmark for nursing is “how you perform as a member or leader of a team,” she says.

Under Schultz’s guidance, day-to-day operations at Suburban will reflect to a greater degree the essential role that nursing has always played at the community hospital. “If you think about it, patients come to the hospital for nursing care,” she says. “They receive care from other disciplines, but the reason it has to be done in the hospital really has to do with nursing care.” What’s more, nurses comprise the majority of clinical staff and

are increasingly outnumbering physicians who spend much of their time in procedure rooms or the OR. By that measure, “nursing has already gotten to lead,” Schultz says.

Her commitment to grooming Suburban nurses as leaders has already born fruit. In January, LeighAnn Sidone, MSN, RN, was named Suburban’s vice president for nursing/chief nursing officer in January. Prior to that, Sidone served as the hospital’s first director of professional practice and nursing quality, at the urging of Schultz. Sidone praises her mentor, who gave her the autonomy to create a new governance structure that “allows bedside nurses to work on quality and safety initiatives as opposed to someone behind the desk.”

It’s important to “figure out how to make sure that nurses continue to be credible candidates” for positions like Sidone’s, Schultz says. She also wants to see Suburban’s nurses achieve magnet status.

Schultz took the helm of Suburban during a period of major change. The hospital is undergoing a \$273 million modernization project, scheduled to be complete by 2019. She also hopes to capitalize on the hospital’s cardiac and stroke programs to draw more patients. “I want Suburban to be the trusted resource for complex patient care,” Schultz says. As part of the Johns Hopkins Health System, the hospital under Schultz’s stewardship is also expected to find innovative ways to spend less without compromising bedside care.

Although Shultz is now far from the bedside, every decision will be made with the fine details of patient and family care foremost in mind. For hospital executives, that’s not a given, she says. Other “hospital presidents might not get into the weeds as much, because it’s not really part of the job. But coming from a clinical background, you’re always thinking about the weeds.” ■

Mr. Johns Hopkins, in a letter to the trustees of the hospital on March 10, 1873, set forth that a school of nursing be established in conjunction with the hospital to “benefit the whole community by supplying it with a class of trained and experienced nurses.”



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PHOTO COURTESY OF JHPIEGO

JHPIEGO

The Right Training and Tools at the Right Time

By Innocent Atukunda and Alisha Horowitz

Nurse-midwife Christine Apio and her nurse assistant, Doreen Aguti, would be put to the test when they delivered unexpected triplets—none of them was breathing. Such a scenario would be daunting enough in the best-equipped health facilities, but even more so in their small health clinic in Eastern Uganda.

When Susan Nabwire—who had no idea that triplets were about to double the size of her family—arrived at the clinic already in labor, nearly two months before her due date, Apio and Aguti rushed to assist her.

The nurses were well-prepared because of the training they had received on newborn resuscitation and prevention and management of postpartum hemorrhage through Jhpiego's efforts in the multi-partner Saving Lives at Birth initiative. During the training, the women had practiced on lifelike simulation models.

Nabwire gave birth to the first baby. Apio handed her to Aguti for resuscitation, then realized a second baby was on the way and got ready for that delivery. "There are more coming!" Apio shouted as she scrambled for additional supplies.

The baby arrived 15 minutes later, in need of immediate help from a manual bag-and-mask resuscitator. Luckily, the clinic had received two

correctly sized resuscitators through the training program. "For sure, if we did not have the two [resuscitator] bags, these babies would be history now," Apio said.

As they delivered the third baby, Apio and Aguti continued to work well as a team, despite the pressure. "I had no idea [how to resuscitate newborns] before [the training], and I saw today that I can manage so well. Practice helped me to improve my skills," Aguti explained.

With the three babies safe because of the skilled care they received, the tired mother and her newborns were taken to a hospital to receive more intensive care.

Preparation, training, and having the right equipment available at the right time ensure that nurses and other frontline health workers can meet any challenge. Jhpiego has provided expert training for more than 600 nurses in their health facilities across Uganda, ensuring that mothers and babies receive the absolute best care, whether the birth is routine, complicated, or surprising. ■

Cancer Care That's Easier to Swallow

By Jennifer L.W. Fink

App for head and neck patients makes it easier for them to help themselves

There has to be a better way.

That's the thinking that led to the development of an innovative new smartphone app designed to help head and neck cancer patients effectively manage their care.

As a nurse in Johns Hopkins Otolaryngology and Facial Plastics clinic, Maureen Ercole, MSN, RN, often saw patients and families who either forgot or didn't fully understand the verbal and written self-care instructions given to them by health care providers after surgery, radiation, and chemotherapy. "We knew there was a gap in their care, because people were getting readmitted because they didn't hydrate adequately or didn't take care of the wound or lost too much weight due to difficulties swallowing and eating," Ercole says.

Evidence-based interventions such as swallowing exercises have been proven to ameliorate some of the difficulties many patients experience after treatment, but few people consistently perform the exercises. Clearly, the standard written and verbal instruction provided to patients was not the most effective way to encourage the performance of important self-care tasks.

That's why, three years ago, a team led by Jeremy Richmon, MD, then director of the Head and Neck Surgery Robotic program, began to brainstorm a better way. Together, the multi-disciplinary team—which included Richmon, Ercole, speech language pathologists, radiation oncologists and others—discussed patient needs, the current approach to care, and novel ways to help patients and families manage care at home.

A smartphone app, they realized, would be an ideal way to share info with head and neck cancer patients, many of whom have lost the ability to communicate verbally. An app wouldn't require oral conversation, and because smartphones have become nearly ubiquitous, information shared in an app would be accessible.

So the team worked with David Klein, chief product officer of Vibrent Health, to develop an app that would serve as a bridge between head and neck cancer patients and the health care team.

The result: Fit Ninja, an app that nudges patients to assess and care for their wounds and do their swallowing exercises. The app includes a communications portal as well, Ercole says.

"When these patients come in, they're facing a journey that's about nine months long. Most of them need surgery and they may need chemo and radiation, so they're dealing with many different groups with overlapping responsibilities. We wanted to make a platform for them to get to the provider who can answer the question," Ercole says.



We knew there was a gap in their care, because people were getting readmitted because they didn't hydrate adequately or didn't take care of the wound or lost too much weight due to difficulties swallowing and eating."

— Maureen Ercole, MSN, RN

The app also allows patients and providers to share visual information. Patients, for example, can access wound care videos. They can take photos of wounds and share them, so providers can quickly assess and initiate treatment for potentially infected wounds. The app even tracks patient weight—an important indicator of overall well-being, particularly in patients who have difficulty eating—via Bluetooth enabled scales.

The Fit Ninja app for head and neck cancer patients went live earlier this year and is currently being tested in small groups of patients. Ercole says she hopes use will soon expand. ■

“Without them, I don’t know if I’d be here.”



JOHNS HOPKINS ALL CHILDREN'S HOSPITAL

The Significance of Being Johns Hopkins All Children's Hospital

Nurses were among the crowd of 700 employees, Johns Hopkins Medicine leaders, local officials, and community members gathered outside All Children's Hospital on a sunny April morning to celebrate its 90th anniversary and new name: Johns Hopkins All Children's Hospital (JHACH). The name reflects the hospital's role as an academic medical center within Johns Hopkins Medicine. It also reflects the progress made in advancing nursing at JHACH since the hospital joined Hopkins Medicine five years ago.

Providing high-quality, compassionate family-centered care for children has long been the priority for the nursing team at JHACH. The name change solidifies excellence and the promise of even better outcomes for children.

“When one of our nurses asks me, ‘What does this name change mean to me?’ I tell them it means that you are part of a world-renowned organization with a name that is recognizable and well respected across the globe,” says Cherilyn Ashlock, MSN, RN, magnet manager at JHACH. “It means you’ve earned it. This is an exciting time for all of us.”

“For me personally,” Ashlock continues, “our becoming the only Johns Hopkins children’s hospital outside the Baltimore area has been so meaningful. One Tuesday morning in April, I woke up a Johns Hopkins nurse. That is not something I ever dreamed I would get to say here in St. Petersburg, FL. Our name honors the work that’s been done here by our nurses over the years, and being part of Hopkins brings added strengths that benefit our nurses and, of course, our patients.”

“It means that you are part of a world-renowned organization with a name that is recognizable and well respected across the globe.”

— Cherilyn Ashlock, MSN, RN



PHOTO COURTESY OF JOHNS HOPKINS ALL CHILDREN'S HOSPITAL

The transformation brings opportunities that extend far beyond the hospital's campus, Ashlock notes. “For instance, Sondra Boatman, a clinical nurse leader in the CVICU, is traveling to South Africa with a team from Johns Hopkins Medicine International to share expertise with staff at Nelson Mandela Children's Hospital.”

“I became a nurse to help sick children get better,” explains Neuroscience clinical nurse leader Kentlee Battick, MSN, RN. “Being a part of such a widely known and diverse health care system brings more opportunity, more research, more networking, and more sharing—all aimed at helping children get better. Being part of Johns Hopkins expands the knowledge base we pull from and allows us to share the clinical nurse leader role with others on the team.”

An important next step is the hospital's journey to achieve magnet designation. Fewer than 10 percent of hospitals across the country hold this quality designation awarded by the American Nurses' Credentialing Center. Johns Hopkins All Children's aims to achieve this gold standard by 2018.

“We are not becoming a magnet organization and achieving nursing excellence because we are Johns Hopkins, we are doing it because it's the right thing to do,” Ashlock adds with pride. “It is the evolution of an organization and the people within it.” ■

Cherilyn Ashlock (left) and Kentlee Battick of Johns Hopkins All Children's Hospital. “One Tuesday morning in April, I woke up a Johns Hopkins nurse,” says Ashlock. “That is not something I ever dreamed I would get to say here in St. Petersburg, FL.”



The Neurosurgery Pain Research Institute at Johns Hopkins seeks to control, prevent, and eliminate pain.

When Bob Salathe crashed his ATV into a telephone pole, the impact ripped nerves out of his spinal cord. He developed extreme neuropathic pain, including burning and crushing sensations, 24 hours a day. “My life 100 percent revolved around my pain,” he says.

At the Neurosurgery Pain Research Institute at Johns Hopkins, surgeon Allan Belzberg and researcher Michael Caterina — the George Heuer and Solomon Snyder professors — are working to offer Salathe and millions of other chronic pain victims a second chance at life.

Following a successful surgery, Salathe's pain was gone. “Now, I can go for rides with my friends and enjoy family time,” he says. “I'm greatly appreciative of Drs. Belzberg and Caterina.”

Together, there's more we can do to attract and sustain leading clinicians and scientists like Allan Belzberg and Michael Caterina.

Watch their video at rising.jhu.edu/painresearch and join us in *Rising to the Challenge*.

#HopkinsRising   



THE CAMPAIGN FOR JOHNS HOPKINS

FEEL GOOD ABOUT THE FUTURE OF THE HUMAN RACE.

Could a simple anklet be an antidote to a massive vaccine problem in Pakistan? That's the dream that may become reality for Johns Hopkins Bloomberg School of Public Health alumna Noor Sabah, DrPH '13, MPH '08.

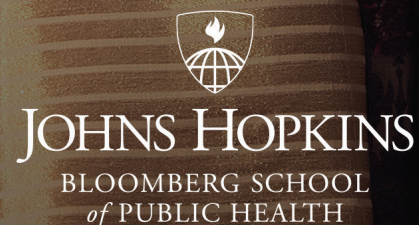
Noor developed an innovative vaccine reminder ankle band for infants in her native Pakistan, where only 60 percent of children complete their vaccinations. The Vaccine Indicator and Reminder (VIR) alerts parents when it's time for immunizations. Undeterred by red tape or even terrorism, Noor's field study shows promise, with hundreds of babies now wearing the VIR band in Karachi.

Graduates like Noor become the advocates and architects for global public health solutions.

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HOWARD COUNTY GENERAL HOSPITAL

ICU's Great Moves

Tim Kelly awards celebrate achievements on early patient mobility

Lower the drawbridge and let the fanfare ring out: It's time for a coronation at Howard County General Hospital.

The Intensive Care Unit, a group led by Clinical Nurse IV Ellen Merrill, RN, earned Tim Kelly Awards this year both for great strides on patient mobility and for instituting the Castle Game, which offers a friendly competition among caregivers over getting patients up and on the road to recovery.

"Mobility in critical care patients is key to successful outcomes," wrote Jane Scanlon, RN, and Catherine Miller, MSN, RN, in their Tim Kelly Award nomination letter. "It is proven that mobilizing patients early in their hospitalization can reduce delirium, length of stay and ventilator days. It also helps decrease the occurrence of post-traumatic stress disorder (PTSD), anxiety, depression, and deconditioning."

The team was measured against the five principles of becoming a High Reliability Organization (with a look at how Merrill and her team addressed each one):

- **Sensitive to Operations:** Helped identify perceived barriers to mobilization of ICU patients.

- **Reluctance to Simplify:** Challenged the staff to accept no excuses, such as limited resources, to mobilize patients.
- **Preoccupation with Failure:** Continued surveillance of complications related to immobility.
- **Deference to Expertise:** Evaluation daily at multidisciplinary rounds assessing patients' eligibility for early mobilization.
- **Resilience:** Introduced the Castle Game.

In the game, each nurse gets a personalized "piece" that moves up a board toward a castle. Pieces move with the awarding of points for successful mobility. Whoever gets there first wears the crown.

"The team loved the game and really embraced safe early mobility for all patients that met criteria," Scanlon and Miller reported, adding the results: "Data was collected via Epic reports looking at the Highest Level of Mobility for each patient. Prior to April 2015, our patients' highest level of mobility generally decreased by 1 point during their ICU admission. From April 2015 to December 2016, the highest level of mobility for patients in the ICU greater than two days increased by 1 point by the time they left." ■

Karen B. Haller Endowed Scholarship Fund

In 2016, Dr. Karen Haller, esteemed vice president for nursing and patient care services and chief nursing officer at The Johns Hopkins Hospital for 17 years, assumed a new role as the vice president for nursing and clinical affairs for Johns Hopkins Medicine International.

Dr. Haller's greatest legacy is her commitment to and advancement of patient-centered care, long before it became a common phrase. To honor this commitment, the Johns Hopkins School of Nursing has established the Karen B. Haller Endowed Scholarship Fund in patient-centered care. Each year an award will be made to a Johns Hopkins

School of Nursing student in the MSN: Entry into Nursing program who has demonstrated an exceptional commitment to patient-centered care.

The Karen B. Haller Endowed Scholarship Fund represents a calling to Hopkins health care professionals to fortify the position that exceptional nurses are desperately needed as the health care system is reformed to become more accessible and flexible to meet patients' needs. ■

TO MAKE A TAX-DEDUCTIBLE DONATION, VISIT NURSING.JHU.EDU/HALLER



VIGILANDO

News from the **Johns Hopkins Nurses' Alumni Association**

Inside this section:

P. 40

HOPKINS NURSES IN WORLD WAR I

From the Archives, unflinching accounts from the field poignantly describe the hardships and horrors faced by both soldiers and caregivers

P. 36 ALUMNI WEEKEND IN PHOTOS

Classmates renew ties and revisit old haunts

P. 38 WHAT IS A HOPKINS NURSE?

PhDs Jessica Gill, '07, and Alexis Bakos, '00

P. 42 CHURCH HOME AND HOSPICE

Looking back at an important moment that brought a new model of care to Baltimore

THE MOTTO "VIGILANDO," INSCRIBED ON THE ALUMNI PIN, IS LATIN FOR "FOREVER WATCHFUL."

Alumni Update

Susan Kulik, BSN '86, MSN/MBA '06, DNP '12



Dear Alumni,

Alumni Weekend was a huge success! Thank you to all who came to celebrate with classmates and friends. From the Bond Street Social, Hampton House tours, the WWI nurse performance, dinner and gala events, we shared many great memories and created new ones. See photos in this section and on our alumni website. A special congratulations to our 50th anniversary honorees, the Class of 1966, and this year's JHU alumni reward recipients:

- **Kaci Hickox**—Outstanding Recent Graduate Award
- **Dr. Alexis Bakos**—Woodrow Wilson Award for Distinguished Government Service
- **Dr. Jessica Gill**—Distinguished Alumni Award.

We're excited to begin planning next year's event! If you would like to be involved, please contact the Alumni Office at jhnaa@jhu.edu.

I would like to thank the Johns Hopkins Nurses' Alumni Association board for its dedication and service. Do not hesitate to reach out to us with your ideas!

Other Thoughts

I had the honor of attending the graduation ceremony for students in the final baccalaureate class, who walked the stage during their July 2016

Degree Completion Ceremony. Congratulations to a class making a special place in the school's history.

The Johns Hopkins Alumni Association has affinity groups and communities in over 50 cities nationally offering a variety of events from educational and cultural to social and athletic. Please be sure to check the website—nursing.jhu.edu/alumni—for events in your area.

Thank you for the generous class gifts announced during Alumni Weekend. Reunion giving this year totaled \$458,337.23 Your efforts and generosity build community and form the cornerstone of the School of Nursing. ■

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CLASS NEWS

1946 **Emogene Fisher Martin** traveled from Virginia with her daughter, Pamela Martin, and fellow JHH Nursing alumna **Elsie Payton Jarvis**, '47, to celebrate her 70th reunion in September.

1953 **Mary O'Connor Cobb** enjoyed a long career managing a high-risk newborn follow-up clinic in Mississippi, and now keeps up with nursing through her nurse practitioner granddaughter. She also helps manage timber on her family's farm and keeps up the log house built there in the 1850s.

1956 From her graduation until her retirement in 2009, **Joyce Higdon Littlefield** was an active nurse moving from director of staff education at her local community hospital to a community mental health nurse for the South Carolina Department of Mental Health. Now she volunteers her time assisting aging families in the community.

1966 **Pamela Seamans Foster** began her career teaching at a local community college, but has moved to a variety of positions within health care over the course of the subsequent 40 years. Currently, she is the corporate quality officer at Health Integrity, finding and stopping health care fraud in Medicare and Medicaid reimbursement.

1971 Once recognized in Baltimore County for tobacco prevention and intervention activities, **Janice Lynne Wright Kilby** continues to be a tobacco consultant for her local hospital system in South Carolina.

1986 **Susanne Gibbons** is on the faculty of the Uniformed Services University of the Health Sciences Graduate School of Nursing and Doctor of Philosophy in Nursing Science Program, and also maintains a clinical practice in the community as a geriatric/adult nurse practitioner.

1991 **Michele Ardigo** has enjoyed her career as a certified nurse anesthetist, and is now on faculty at Texas Wesleyan University Graduate Programs of Nurse Anesthesia, where she was honored with a President's GEM award in 2015 for her work with the inaugural Simulation Symposium.

1996 **Keith Boettiger** has spent the past 12 years at St. Jude Medical in Texas. He is now senior vice president and general manager for the Neuromodulation Division, which sells spinal cord and deep brain stimulators for chronic intractable pain and Parkinson's disease.

2001 **Heather Anne Lene** started working in the Emergency and Trauma Center of Ben Taub General Hospital in the heart of the Texas Medical Center, then earned her MSN-Family Nurse Practitioner with Emergency Medicine Post Master Certificate. She has continued her work in the Emergency Room, and welcomed her first child in September.

Amber Zupancic-Albin is an attorney in Portland, OR who represents nurses, physicians, and other health care providers before licensing boards and regulatory bodies.

2006 **Erin Wright** is a certified nurse midwife at Johns Hopkins Bayview Medical Center as well as serving on the faculty of the Johns Hopkins School of Nursing.

2009 Following his service as a captain in the United States Army Reserve Medical Corps, **Andy Hoort** began working as an RN and performance excellence leader at Trinity Health in Detroit, where he leads cross-functional teams on projects to improve all operational metrics.

continued on page 38

ALUMNI WEEKEND



LIKE IT WAS YESTERDAY

The members of the 50th-anniversary Class of 1966 were the special guests as graduates, faculty, current students, and friends of the Johns Hopkins School of Nursing toured, tasted, and toasted Alumni Weekend 2016. It was a great time to be a Hopkins Nurse, or know one.

Left, classmates Annina Griggs and Karen Shumar visit an old friend; below, at Bond Street Social. Facing page, clockwise from top: Shumar with fellow alumnae Fran Tulloch, Shirley Thomas, Betty Stehly Cantrell, and Barbara Zelenka Spink outside Phipps; alumna Willa Bickham and granddaughter Maya Walsh-Little; alumnae Kaci Hickox and Natasha Kormanik; grad and faculty member Diana Baptiste at Bond Street; 50th fun with Dotti Colucci Knapp and Deborah Cofield Forrest.



CLASS NEWS *continued from page 35*

Natalia LoBue, MSN/MPH, is executive director at the Abbott Fund Tanzania Limited, a unique public-private partnership with the government of Tanzania implementing one of the most comprehensive initiatives in Africa to strengthen a country's health care system and address critical areas of need.

2011 **Jeanine Frumenti** recently became senior vice president of Patient Care Services and chief nursing officer at Brookdale Hospital and Medical Center in Brooklyn, NY.

2015 DNP graduate **Lisa Sgarlata** is chief administrative officer at Lee Memorial Hospital in Fort Myers, FL. ■

JOHNS HOPKINS IN MEMORIAM

Mary Williams Danielson '47
Claire Lambert McCubbrey '47
Phyllis A. Brower '62

WHAT IS A HOPKINS NURSE?



JESSICA GILL
PHD '07

Dr. Jessica Gill, recipient of the Johns Hopkins University Distinguished Alumna Award, has devoted her career to studying and improving psychological therapy for people who have endured a traumatic experience. Dr. Gill is the first nurse to receive the Lasker Clinical Research Scholar Award, considered the most prestigious research grant awarded by the National Institutes of Health. Through this grant, she is developing a nationwide research program examining the biological and neurological factors linked to the risk for post-traumatic stress disorder (PTSD) onset, and the influence of traumatic brain injuries (TBIs) on this risk. Her line of inquiry employs a cutting-edge type of biomarker harvesting technology and will follow patients, both civilian and military personnel, during their immediate recoveries and for years afterward to better understand the risk and resiliency factors related to these outcomes.

"BEING A HOPKINS NURSE HAS ALLOWED ME TO REACH TOWARD MY DREAMS OF USING NURSING RESEARCH TO IMPROVE THE LIVES OF THE PATIENTS WHO HAVE TOUCHED MY LIFE."

ALEXIS BAKOS
PHD '00

As a nurse, I am privileged to be a member of a professional community with a noble mission. But as a graduate of Johns Hopkins I also feel a responsibility to positively impact the lives of as many as possible, with emphasis on those in greatest need. I am grateful for the opportunity to meet this responsibility through a career in public service, working in the research and policy arena. Perhaps most gratifying is knowing that this work has afforded me an opportunity to focus on improving population health and eliminating racial and ethnic disparities in health and health care. As I reflect on my career, and look to the work ahead, I know that my doctoral education has been and will continue to be the foundation for my contributions to public health.



"IT WAS MY TIME AS A DOCTORAL STUDENT AT HOPKINS THAT FORGED MY LOVE OF DATA AND ITS POTENTIAL TO IMPACT POLICY DEVELOPMENT."

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HOPKINS NURSES IN WORLD WAR I: VIEWS FROM THE FIELD

BY SUSAN E. APPLING

Although the United States did not officially enter World War I until 1917, Hopkins nurses joined the American Red Cross in 1914 and were already serving throughout Europe. Others joined nursing units from Canada and France. After America entered the war, Base Hospital 18, staffed mainly with Hopkins nurses and physicians, was established in France. The correspondence from nurses serving in these units, often published in the *Johns Hopkins Nurses Alumnae Magazine*, poignantly describes the hardships and horrors faced by both soldiers and their caregivers.



Alice Fitzgerald, 1906, the first Edith Cavell Memorial Nurse, served with a base hospital of the British Army in France in 1916. She wrote often to the *Alumnae Magazine* about her experiences.

June 18, 1916

The rain and cold persist. I have rarely felt colder than I have here: tents are old and leaky but fortunately I am in a hut and the leaks are few and far between. I light my little oil stove every day and try to imagine I am hot!

September 30, 1916

Just as I was going to get leave, I received orders to move, and am now at 2/2 London Casualty Clearing Station, the nearest to the front, and the nearest any nurse gets.

Let me tell you that we are all but in the trenches: in fact, we are surrounded by trenches, because we are on ground evacuated by the Germans.

We are so situated that we have shell fire on three sides and the noise is simply fierce at times; so far the shells have not reached us but bombs have and the other night we were missed by about 30 yards. ...

Talk of hard work! I have 2 tents holding 70 patients each and they have to lie on stretchers and pretty close, and making dressings practically on the floor, nearly breaks my back, but I get through somehow or other and am not much the worse for wear. ... The most comfortable and comforting time of the day or night is when I get into my sleeping bag with a hot water bottle and tuck in for the night with my tent flap well open and try to go to sleep to the music of the bombardment.

Ellen N. La Motte, 1902, an accomplished writer as well as a nurse, was so affected by her war experiences that she never again practiced. *The Backwash of War*, a graphic account of her war experiences was published in 1916, and in articles written for other publications and reprinted in the *Alumnae Magazine* she vividly recounts the terrible ordeals endured by so many soldiers and of those driven beyond the brink of sanity.

When he could stand it no longer, he fired a revolver up through the roof of his mouth, but he made a mess of it. The ball tore out his left eye, and then lodged somewhere under his skull, so they bundled him into an ambulance and carried him, cursing and screaming, to the nearest field hospital. ... He was a deserter, and discipline must be maintained. Since he had failed in the job, his life must be saved; he must be nursed back to health, until he was well enough to be stood up against a wall and shot. This is War.

Mary Adams, 1911, describes the heavy work and many wounded in an undated letter from the February 1917 edition of the *Alumnae Magazine*.

I had five tents each with eight of these beds but before the evening was over four more were added to each tent so that I had 12 in each. So close were the beds you could not step between. I made dressings until 12 midnight using lantern light. The next day we were up earlier than usual and I found my number of tents increasing so that I soon had 150 patients. As soon as I had finished their dressings I helped in other lines and that day it was 2 a.m. before I got to bed, barely taking time for meals.

The rush lasted for several days, sending patients to England as soon as possible and getting new ones in, so that it was one continuous convoy in and out.

Finally, in letters from 1914 written by **Ingeborg Steen-Hansen**, 1910, she describes the harrowing impact on not only the soldiers but on Belgium refugees fleeing the fighting.

Stumbling, shambling women and children pushing on in a mass, in which there was an occasional cart filled with babies and old men. I thought the exodus of Belgium had stopped, but they were still coming. Such faces!

We went in among them and singled out one who was half-dragged by two others. She turned fierce eyes upon me, and I saw that the six months' infant she clutched had its hand severed at the wrist with a crosswise cut, which was neither bandaged nor washed, but wrapped in a towel.

And then I noticed a bulging on the woman's form, and she disclosed the reason—they had cut off her breasts—each to the depth of an inch. I saw them....

I went down near the railroad station near Dijon with my case of gauze and cotton. I knew the wounded were expected. I can see them yet. Train upon train of old, open freight cars, jerking, bumping along, with those broken bodies lying flat on the bottom with neither pillow nor cover; just as they were gathered from the field. ... They were the strong English fellows of yesterday, now bullet-riddled, groaning, dirty, emaciated men. Unshaven, they looked about alike, except each had a different number sewed to his coat sleeve.

These accounts, so unflinching and distressing, represent war's realities and the stresses and traumas each nurse encountered and pushed through. With only limited equipment and drugs, the care was basic, hurried but nonetheless present for each soldier arriving from the field—a testament to each Hopkins graduate who served throughout World War I.

Susan E. Appling, RN, PhD, 1973 / Sources: Warren, Mame (Ed.). (2006). *Our Shared Legacy: Nursing Education at Johns Hopkins 1889-2006*. Baltimore, MD: The Johns Hopkins University Press. | The Alan Mason Chesney Medical Archives of the Johns Hopkins Medical Institutions | The Johns Hopkins Nurses Alumnae Magazine





Church Notes

By Deb Corteggiano Kennedy, '73

Reunion Weekend

It was wonderful to again celebrate a fun and festive Homecoming weekend in Baltimore. The new venue, Hotel Indigo, was wonderful and everyone really enjoyed being in the heart of the city.

The Class of '66 brought 13 members to be honored. Thank you to **Donna Royster Swope** and **Yette Hull Habicht** for all their help in keeping classmates up to date on the festivities. I hope you enjoyed your special Gold Bags and gifts made especially for you. Thanks also to **Penny Haviland, '63** for the donation of the beautiful crystal bowl and votives that were included in the basket raffle won by a lucky alumnus.

Donation to the Archives

Thank you to **Debbie Maslow, '76**, for the donation of her student uniform, including black shoes and the lamp that was carried for pinning ceremonies. Also, the Archives was thrilled to receive a 1976 student handbook and large 1976 class photo given by **Renee Francisco, '76**. Also submitted was a counted cross-stitch rendering of the CHH Dome done by **Gertrude Armstrong, '49**. ■

CHURCH HOME IN MEMORIAM

Delores Conner Davis '52
Joann Hollinger Hersh '59
George Riepe

Church Home's Role in Hospice Care in Baltimore

By Jane Marks, '76

I had the honor of visiting with Dr. Jack Zimmerman and his wife, Doris, to discuss the hospice program at Church Home and Hospital. He shared an article that he had written and I thought it best that I share parts with you.

A fact of history which is largely forgotten by those of us in Baltimore is that our city was the site of one of the very first hospices in the United States. The Church Home and Hospital Hospice was the second such program on the east coast. Church Home and Hospital (CHH) was an inner city hospital where I was Chief of Surgery. When its hospice program was founded in 1977 there were no more than four to five functioning hospices in this country.

Modern hospice care as we know it can be said to have begun in 1967 with the opening of St. Christopher's Hospice in Sydenham, a suburb of London, under the direction of Dame Cicely Saunders, a visionary physician. In the mid 1970s it came to North America, first to Canada and then to the United States with the opening of the Hospice of Connecticut near New Haven. The idea caught on out on the west coast, so that by 1975 there were a few hospice programs operating in this country.

Dr. Zimmerman acknowledges Paul Dawson, CHH chaplain, for bringing the idea of hospice to his attention. Chaplain Dawson arranged for experts from the Hospice of Connecticut, England, and Royal Victoria Hospital in Montreal to visit CHH. Dr. Zimmerman notes his reaction as he listened to Balfour Mount, MD, from Montreal.

He began his talk with a slide of a lovely young student nurse with advanced ovarian cancer for whom he was caring. By the time he finished speaking, I was convinced that if hospice worked at the "Royal Vic" it could work at Church Home.

Six representatives went to England to gather information about hospice: Dr. Zimmerman, Doris Zimmerman, Helen Fowler, RN, Paula Dawson, and George and Maureen Mason.

In December 1977 the first patients were admitted to the Church Home Hospice program. The program flourished and expanded, continuing its vigorous growth until CHH closed in 1999. Hospice has come a long way in Baltimore and worldwide since Church Home and Hospital took the bold step almost four decades ago.

Dr. Zimmerman's Hospice: Complete Care for the Terminally Ill, is noted in the foreword by Dame Saunders as the first real textbook of hospice.

I had the privilege of working with the hospice team during a period in which Mrs. Fowler was on leave. It is important to acknowledge those who developed and contributed to the success of this program: the team that gathered the information, laid the foundation; Bonnie Ray, the nurse practitioner who got done whatever needed to be done for patients and families; and most important, the dedicated staff on Barton 5, who provided tender care and compassion.

A special thank you to Dr. Zimmerman for sharing his article and story. ■



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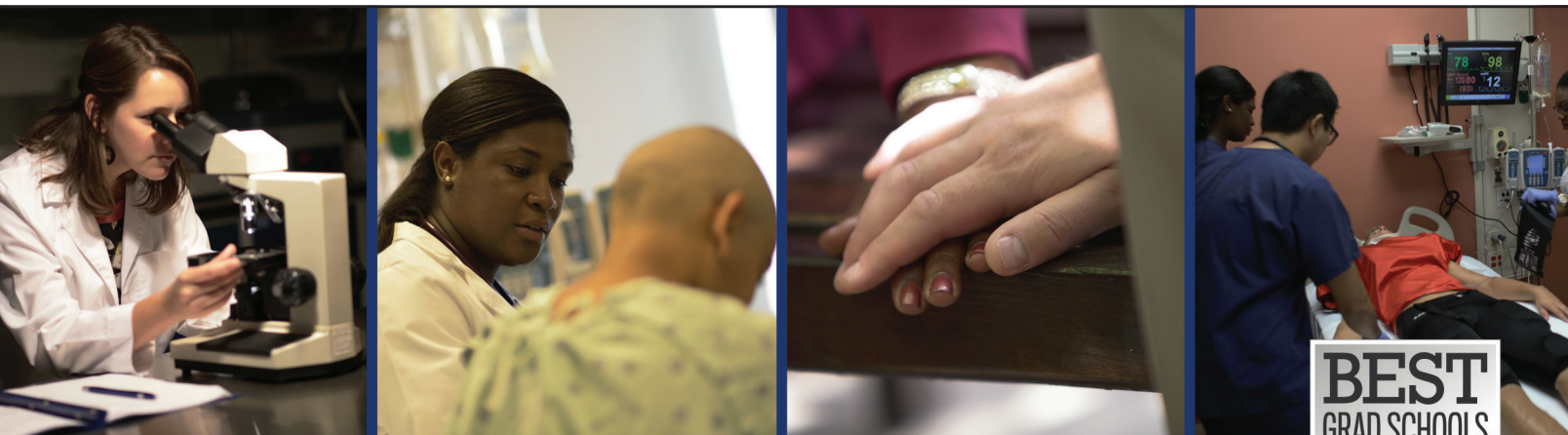
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